


Self - Care  
Manual  
for  
Colostomy  
and  
Ileostomy  
Patients

U. S. NAVAL HOSPITAL  
PHILADELPHIA, PENNA.

## FOREWORD

The Colostomy or Ileostomy patient can and does follow normal life patterns once he or she has learned to accept and handle the surgical modification. Initially, this is difficult for most to accept, but very shortly a satisfactory adjustment is made and the realization arrives that life can go on as usual.

This fine manual prepared by the Nursing Service of the U. S. Naval Hospital, Philadelphia, Penna. greatly facilitates this adjustment by the patient. The contents are practical and tried and have proved of great benefit to our patients. It is recommended to you, in the knowledge it will soften and shorten that adjustment period and hasten return to normal living.

  
J. S. COWAN  
CAPT MC USN  
Commanding Officer

## ACKNOWLEDGEMENTS

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*A. Danyo*

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November, 1965

## INTRODUCTION

You are now among the many with an "Ostomy". This means a change in the routine of your daily living; a change to which you will soon adjust with the help of your doctor, nurses, and corpsmen. While in the hospital you will be taught how to take proper care of your "ostomy" but how well you adjust to your new way of living depends entirely on you. Cooperation, understanding and patience will be your greatest assets in assisting you to resume your former place in your community and to participate in your former activities. After you leave the hospital your "ostomy" will continue to function well if you care for it properly and follow the suggestions given you by the doctor. Remember there are many others in all walks of life who have gone through the same experience you have and today are happy, active healthy individuals leading a normal life. You can do it too.

There are several satisfactory methods of caring for an "ostomy" and you will soon find one that will meet your needs. The purpose of this booklet is to present a general routine with some helpful hints which can be adapted to meet individual needs and particular problems encountered. With time and patience, trial and error, you will establish a routine that will suit you and fit in with your pattern of living. The important things to remember are: BE PATIENT: DON'T GIVE UP: BE SENSIBLE: and CONSULT your doctor when in doubt of difficulty.

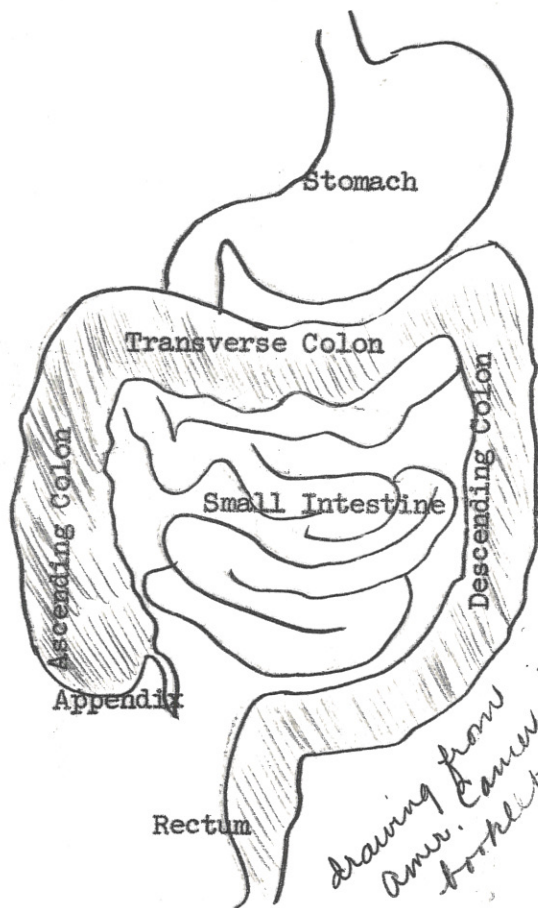


DIAGRAM # 1

*drawing from  
Amer. Cancer Society  
booklet*

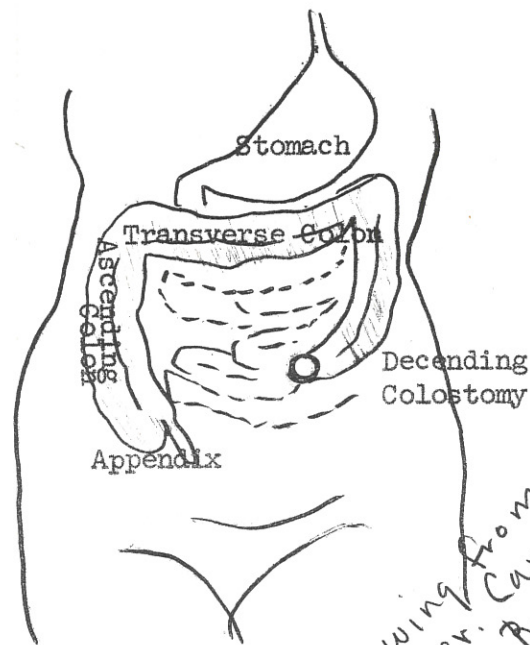


DIAGRAM #2

*drawing from  
Amer. Cancer Society  
Booklet*



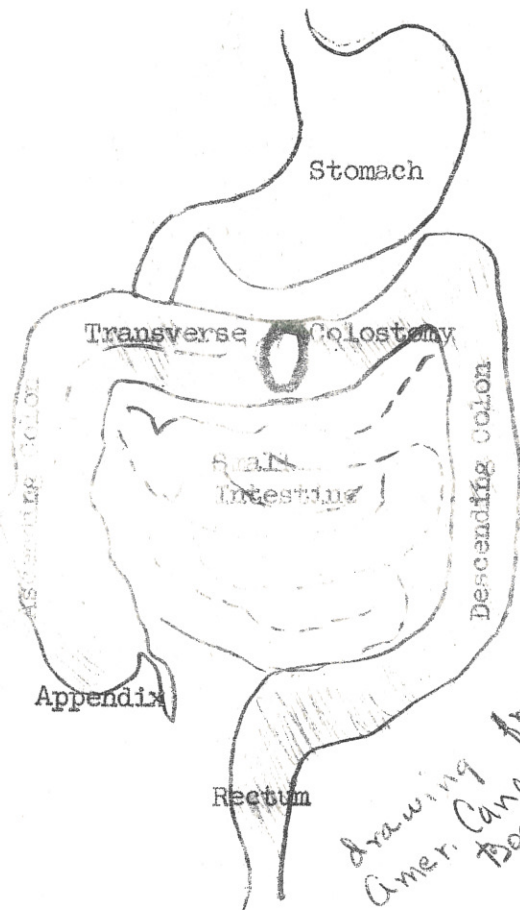


DIAGRAM #3

*Drawing from  
Amer. Cancer Society  
Booklet*

## PART I THE COLOSTOMY

A Colostomy is an artificial opening into the large bowel which is called the Colon. The colon is divided into three sections; the ascending colon, the transverse colon and the descending colon. See Diagram #1, 2, and 3. The location of the opening in the colon will be determined by the surgeon but it may be either in the transverse colon or the descending colon. The most common site is the descending colon, this is on the left side of the abdomen.

### COLOSTOMY IRRIGATION

Some people control evacuation through the colostomy by medication but the majority of people rely on irrigation which simply means a cleansing of the intestine or bowel. Irrigation will be the most important ritual in the management of your colostomy. LEARN TO DO IT WELL AND THOROUGHLY. With experimentation and with experience you will develop your own technique that will suit you. This booklet will explain and illustrate a basic procedure which may be modified as needed by each individual. There are a few points to remember:

1. Try to be as relaxed as you can.
2. Allow yourself plenty of time and do not hurry the procedure.
3. If you use saline for irrigation, use it sparingly as too much salt may be harmful.
4. Schedule your irrigation when the bathroom will be free for at least one hour. Arrange a schedule with your family.
5. Have a rubber glove or finger cot handy

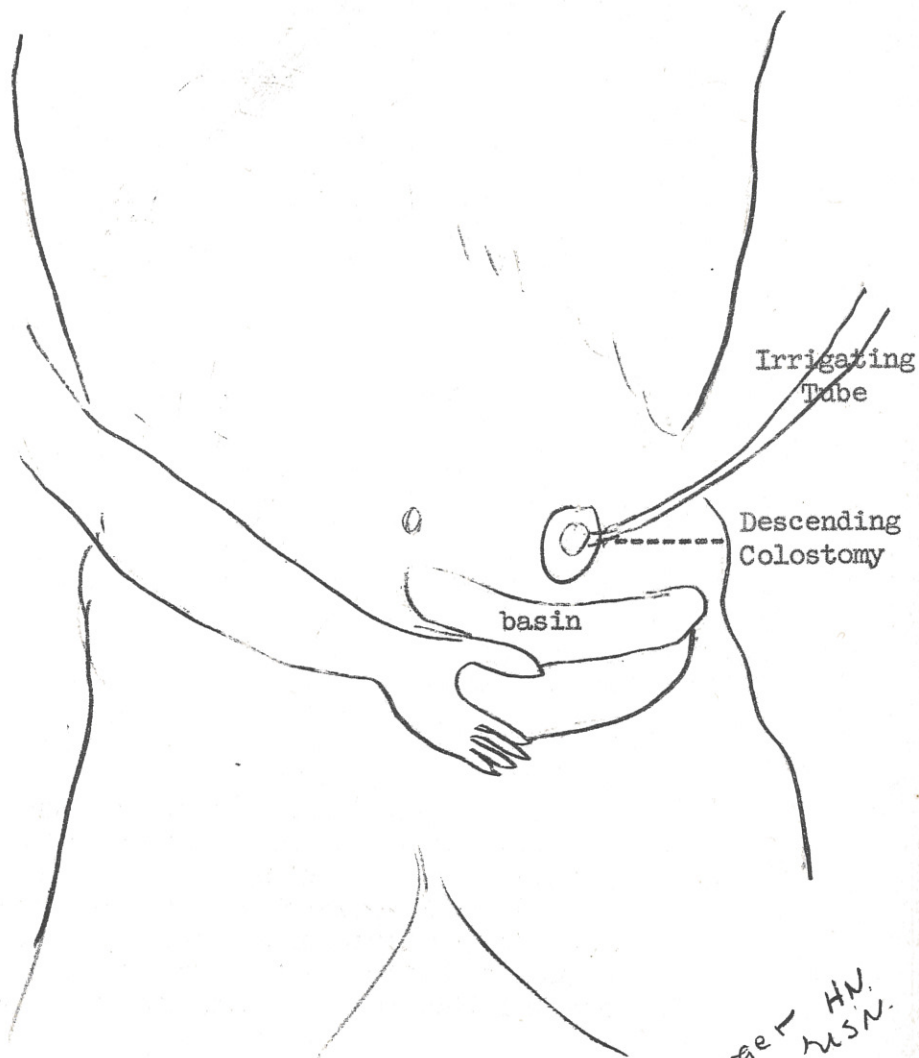
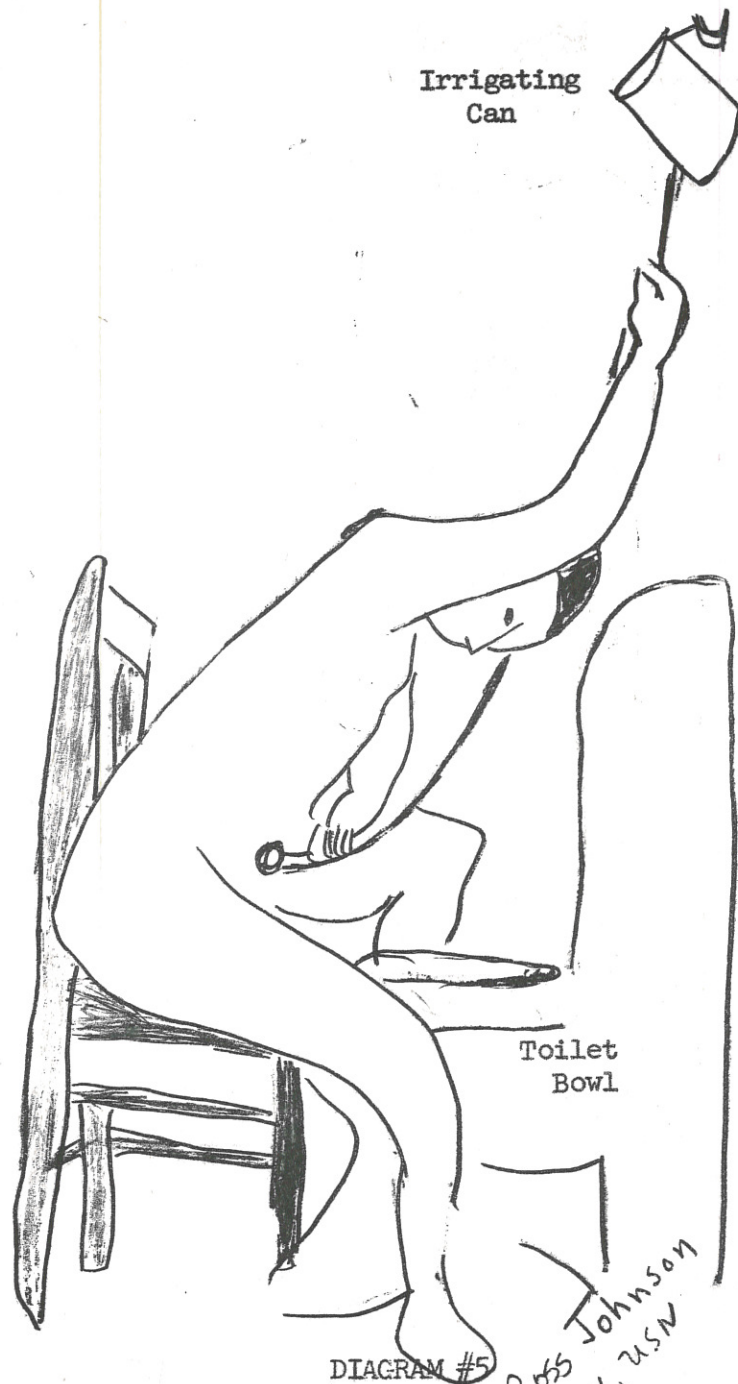


DIAGRAM #4

Irrigation using a basin

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USN.



Irrigating over a toilet bowl

Ross Johnson  
HN, USN

in case it may be necessary to dilate the stoma for a better and thorough irrigation.

#### PROCEDURE FOR IRRIGATION

1. Attach rubber tubing to can.
2. Clamp off the tubing.
3. Insert glass connector to end of tubing.
4. Attach rectal tube to glass connector.
5. Pour solution into can (amount will vary according to need).
6. Hang can on hook so that bottom of can is about 6 to 12 inches above the stoma. You will soon learn which height is best for you. The height of the can determines the rate of flow.
7. Sit on a chair or stool and remove the dressing. You may sit on the toilet seat and use a basin to catch the drainage, see diagram #4 and #5, or you may sit on a stool facing the toilet bowl and allow the return flow or drainage to flow directly into the toilet bowl.
8. Cleanse the skin area around the stoma with toilet tissue or kleenex.
9. Use lubricating jelly on tissue to lubricate the end of the rectal tube.
10. Release clamp from the tube and expel the air by allowing a small amount of solution to run through the tube into the toilet bowl.
11. Pinch off the tube with finger and insert the end of the rectal tube into the stoma for 4 to 6 inches.
12. Allow the solution to flow in slowly.
13. Hold basin firmly against abdomen below the

stoma to catch the drainage.

14. Clamp off the tubing momentarily if you feel uncomfortable or experience a crampy feeling.
15. After solution has run in, clamp off tubing and remove rectal tube gently.
16. Allow solution and bowel contents to run into basin or directly into toilet bowl.
17. If all the solution does not return--re-insert the detached rectal tube and siphon off the rest of the solution into the basin or bowl. Leaning forward may help provide better drainage.
18. Upon completion of irrigation, cleanse the skin area around the stoma well and dry thoroughly.
19. Apply dressing or appliance.
20. Cleanse the equipment well and re-assemble for storage and use next time.
21. Place soiled dressings in paper bag and discard.

#### WHEN TO IRRIGATE

Each individual person will have to decide for himself on the best time for irrigation. It is suggested that the morning following breakfast be tried first because liquids such as cold milk, water, fruit or vegetable juices and coffee aid in the efficiency of the irrigation. For those who work, irrigating at night may be best because they do not have the time in the morning. You must allow yourself plenty of time for a leisurely irrigation--at least one hour should be allowed for this procedure.

## HOW OFTEN TO IRRIGATE

Your needs will regulate the frequency of irrigations, but a certain regularity should be maintained. Some individuals can go several days without irrigating, but the majority find that irrigating at regularly scheduled intervals is the safest and most convenient method. As time progresses you will be able to set up your own schedule.

When irrigating it is important that you be relaxed as tensions and nervousness may prolong the irrigation because the bowel will tighten and interfere with the return flow.

## HOW LONG TO IRRIGATE

Irrigation usually takes from 30 to 60 minutes. Never hurry the procedure. An inadequate irrigation will result in evacuation between irrigations as well as seepage of fluid after the irrigation.

## COLOSTOMY DRESSING AND APPLIANCE

The colostomy dressing is mainly a protective device for the stoma and a safeguard when an occasional poor irrigation (which is not abnormal) has been performed. Sometimes mucous drainage can appear on the dressings--this, too, is not abnormal and should be no cause for alarm. Such items as gauze, cheese cloth, cellucotton, and regular absorbent cotton can be obtained in local drug and department stores and through hospital supply companies. It is suggested that water-proof material like clear plastic, waxed paper, oiled

silk or saran wrap be applied over the dressing to protect it and the outer clothing. The dressing need not be bulky and requires only one or two strips of adhesive or scotch tape to keep it in place. Elastic abdominal supporters, a foundation or the wide belt of a "bracer" type of jock strap is excellent for men to hold the dressings in place.

As for the colostomy appliance, ask your doctor to recommend one. There are many good appliances available through drug stores and hospital supply houses. Appliances should be cleaned in warm water. Plastic and rubber deteriorate in extremely cold or hot water. Rinse well if a detergent is used. A cold rinse helps to prevent and remove odors.

If possible, remove appliance before going to bed. The stoma may be covered with absorbent cellucotton and held in place with adhesive or scotch tape.

## COLOSTOMY DIET

Generally speaking you will be able to eat and drink what you please although you must remember that some foods and beverages can have an adverse effect on you as they do on anyone without a colostomy. By trial and error you will soon find out what foods and beverages to avoid. Drink plenty of water but drink it slowly and avoid iced or very hot beverages. You should avoid all foods that form gas, cause cramps or diarrhea and foods that leave a large amount of indigestible residue. Highly spiced foods may cause irritation or diarrhea. You may eat between meals but remember to eat in moderation. Avoid beer.



## YOUR DAILY LIFE

At the end of your hospitalization you will return to your home, your family and friends. By this time you should be ready to resume a normal happy life and be pretty well adjusted to your colostomy. You should never consider your colostomy as a social stigma and no one outside your family and close friends need ever know that you have a colostomy. With proper care and a well established schedule there should be no cause for odors or embarrassment or any tell-tale signs of a colostomy.

You should be able to resume some or all of your former recreational sports and social activities and even attend school. When planning trips be sure to include an adequate supply of dressings and irrigating equipment. Be careful of the water you drink in strange places. If in doubt, purchase bottled distilled water and drink that. Sample new foods cautiously and avoid those you know will upset you or produce gas.

Wear any kind of clothing you prefer as long as it is not tight and does not cause pressure on the stoma. You should be able, if you desire, to participate in such sports as swimming, bowling, golfing, tennis, hiking, horseback riding and dancing. Contact sports are not advocated. Exercise is important for good colostomy functioning.

You can maintain normal marital relations. If you encounter any problems in your marital life, consult your doctor immediately.

## MISCELLANEOUS

Bathing or showering without appliance will not harm the stoma.

Sleep in any position you find comfortable. If appliance or dressings are applied properly, there should be no spillage during the night.

Your colostomy need not prevent you from returning to your former employment. There is really no limitation to the type of work you can perform. You will find there are people in all walks of life, in all fields of employment who have colostomies.

### GENERAL HINTS FOR COLOSTOMY PATIENTS

**Foods:** Some people have found that one or more of the following foods cause distress: corn, celery, pineapple, sauerkraut, nuts, spinach, pulp of oranges, rind of grapefruit, Chinese foods such as bean sprouts and water chestnuts.

**Odors:** 1) Clorox eliminates odors and bleaches out stains. Fill an equal amount of bleach and tepid water about half full and soak appliance overnight, rinse well and hang up to dry.

2) Baking soda helps to eliminate odor when soaked overnight.

3) Vinegar in the last rinse helps to eliminate odors.

**Itching:** Itching around the stoma can be eliminated if you flush bag with solution of 4 parts water to 1 part vinegar.



Always rinse soap off skin well. The film of soap will not only cause itching or irritation, but will interfere with the sticking of the cement.

In conclusion one point must be stressed. An optimistic attitude and proper care of your diet and your colostomy are the secrets to a normal active life. You may wish to meet with others who have had a colostomy. Almost every city has an organization of Colostomy - Ileostomy patients under various names. Your doctor can help you locate a local organization. In Philadelphia there is the CIRA which is the Colostomy-Ileostomy Rehabilitation Association whose address is P.O. Box 121, Phila., Pa. 19105. You may write to them for information. They meet regularly and discuss common problems, exchange useful information, and publish a monthly journal for their members. They also provide whatever assistance a new member needs. Some organizations call themselves the Q-T Club. In Boston, Mass. there is the Q.T. Inc c/o The Medical Foundation, 227 Commonwealth Avenue, Boston 16, Mass. In California: The Golden Gate Ileostomy and Colostomy Association, 4835 Gordon Street, Oakland, California.

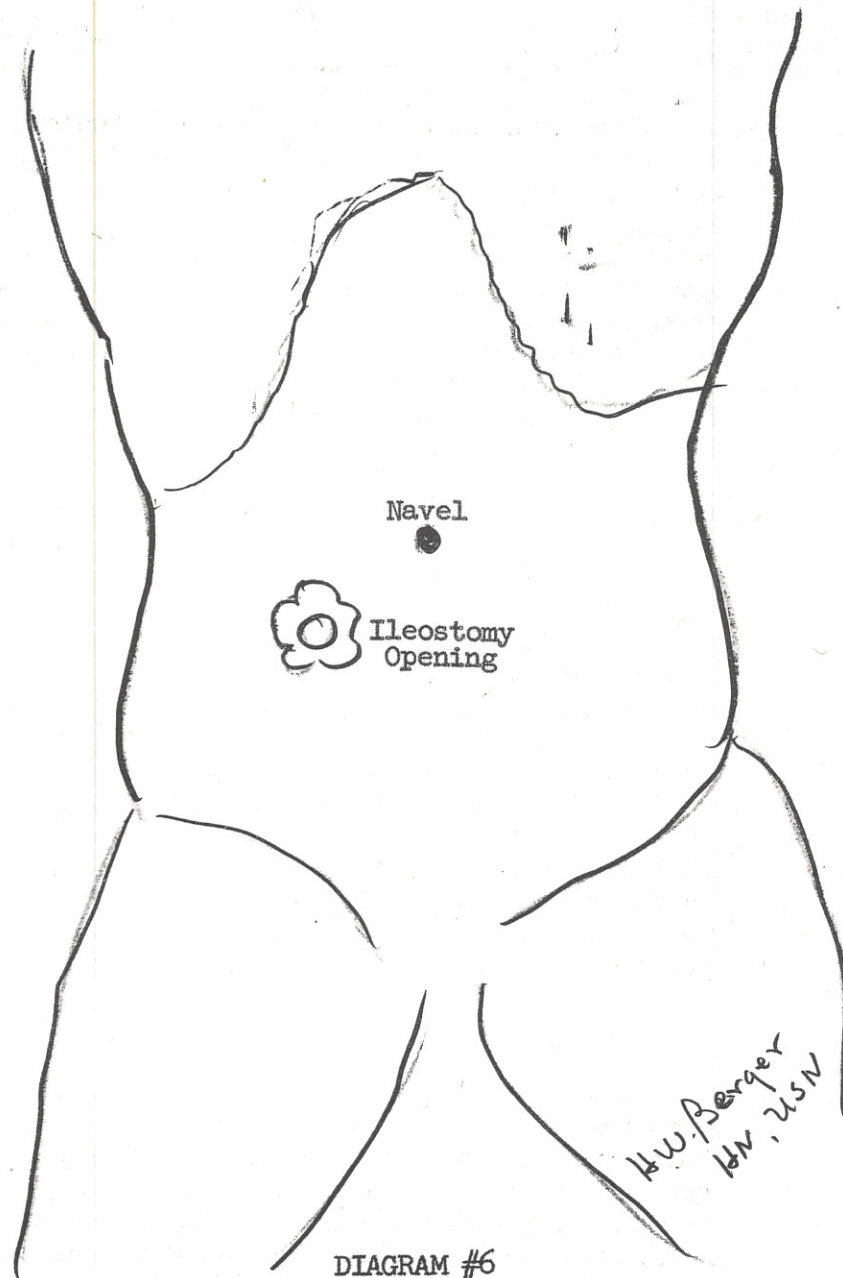


DIAGRAM #6

## PART II THE ILEOSTOMY

The ileum is a medical term for the small intestine. The permanent opening through the skin into the small intestine is called the STOMA. The opening of an ileostomy will always be on the right side of the abdomen. See Diagram #6. The most common reason for an ileostomy is ulcerative colitis. It may be necessary to surgically remove the large bowel or colon and even the rectum sometimes, and a new opening is then made into the ileum for the evacuation of fecal matter.

Following your surgery you will have to adjust to a new way of living and with proper care and attention you should be able to return to a normal, active life, something you probably haven't been able to fully enjoy before your surgery. There are many ways to handle an ileostomy and while you may find the trial and error method discouraging, it is still the best way to find out what is best and most convenient for you. In time, you will adjust to your new routine and accept it as a way of life that is normal for you. This booklet was prepared to acquaint you with some generally useful information in managing your ileostomy, particularly in the early stages of care.

### DRAINAGE FROM STOMA

Immediately after surgery you will find that the discharges from the ileostomy may be thin, watery and quite frequent, and often green in color. As your food habits change the discharge will change in color and odor and resemble a normal bowel movement. An occasional watery movement should not alarm

you. You may find that the discharge tends to be thin on the morning hours and thickens as the day passes and more solid food is consumed. As the stool passes through the opening, the stoma may squirm or contract, this is normal. Sometimes you may see a little bleeding around the outside of the stoma, this is not abnormal, BUT bleeding from the inside of the intestine should be investigated. Consult your doctor if this occurs.

### ILEOSTOMY DIET

While you are in the hospital, the doctor will prescribe a diet that will start out as a low roughage diet and gradually increase it to a regular diet with some modifications. You will soon learn which foods you can tolerate and which ones to avoid but generally speaking, highly spiced foods, raw fruits and vegetables and especially those with skins and seeds can cause such problems as faulty digestion and gas. Some foods like fish, eggs and prunes create odors. If you wish to experiment with new foods, it is advisable to try one new food every two or three days to give you time to find out how well you can tolerate the new food.

### ILEOSTOMY DISCHARGE

With normal activity during the day it usually takes 3 to 5 hours for the meal you have eaten to pass through your body. At night during sleep, the body functions slow down and it might take from 10 to 12 hours before the ileostomy discharges waste. Since the opening into the bowel is in the small intestine, there is no reservoir and the fecal discharge flows



freely in an uncontrolled manner. The consistency of the discharge will depend on the types of food eaten, the amount of liquids consumed, the length of time the ileostomy has been functioning and the general health and adjustment of the individual. Because there is no control over the discharge it is necessary to wear a device or bag at all times as intestinal waste will flow through the stoma almost continuously.

#### ILEOSTOMY DEVICE

Immediately after surgery you will be wearing a plastic polyethylene bag because discharges will be frequent and you will have to change the bag often. As you become regulated and after your stoma shrinks to normal size, you will change to a permanent appliance. There are several types from which you can choose, but it should be one that can be emptied easily, and one that fits your stoma perfectly to avoid leakage problems. It should be light weight, not bulky, non-irritating and odorless.

#### EMPTYING THE BAG

The Ileostomy bag should be emptied as soon as it becomes full of either fecal discharge or gas. Do not let it become distended. The procedure for emptying the bag is simple:

1. Stand over the toilet bowl and remove the valve or rubber bank or whatever clamp you use.
2. Allow the contents of the bag to drain into the toilet bowl.
3. Pinch off the end of the bag to prevent "dribbling", wipe dry with toilet tissue and re-clamp.

4. Sometimes it is advisable to flush out the bag with some type of deodorizing solution if there is a strong odor present.

Set up a regular schedule for emptying the bag. The following times may be suitable:

1. On getting up in the morning or
2. Shortly after breakfast or
3. During the afternoon or
4. After dinner or
5. Before going to bed.

#### CHANGING THE BAG

The Ileostomy bag should be changed only when it is necessary. Frequent changing may result in skin irritation. The best time to change the ileostomy bag is when the ileostomy is quiet. The procedure is as follows:

1. Empty the contents of the bag.
2. Gently remove the bag from the collar or remove entire appliance from the skin and place it in a pan.
3. Wipe stoma with toilet tissue if necessary.
4. To protect the skin from discharge you can place a piece of folded toilet tissue under the stoma.
5. Peel off the cement clinging to the collar of the bag and place bag in pan.
6. Peel off the cement that is left on the skin. Sometimes a solvent has to be used.
7. Cleanse the stoma and surrounding area with toilet soap and cool water and allow to dry thoroughly.
8. Place cement on collar of fresh bag with finger or tongue blade being careful not

- to let cement drop or run into bag.
9. Apply thin layer of cement to skin around stoma.
  10. Allow to dry thoroughly and apply a second thin layer of cement to skin. A hair dryer may be used to hasten drying.
  11. Be sure the discharge does not run onto the cement. If this happens it is necessary to cleanse the skin and apply fresh cement.
  12. Carefully slip the bag over the stoma--see that stoma is in center--press firmly on collar until it adheres securely.
  13. Close opening at bottom with a clamp or rubber band. If a rubber band is used, it is advisable to keep an extra band slipped over the belt as a spare in case one breaks.
  14. Attach belt to hold the bag in place.
  15. Clean tongue blade by rubbing the dry cement off blade. Blade may be wrapped in toilet tissue and used again.

This whole procedure takes about 30 minutes.

#### CARE OF THE BAG

It is necessary to have at least two bags on hand at all times. Replace old or cracked ones ahead of time. After use follow these directions:

1. Wash the bag thoroughly with a solution of mild soap or detergent. Rinse well.
2. Place bag in a deodorizing solution such as Clorox, Dial Soap or Evenflo which is a baby bottle cleaner.
3. When bag is free from odors, remove bag from solution and dry outside of bag.

4. Allow the inside to dry thoroughly. You may insert a spring into the bag for better drying.
5. When dry, dust inside with talcum powder and put away for next use.

#### CARE OF THE SKIN

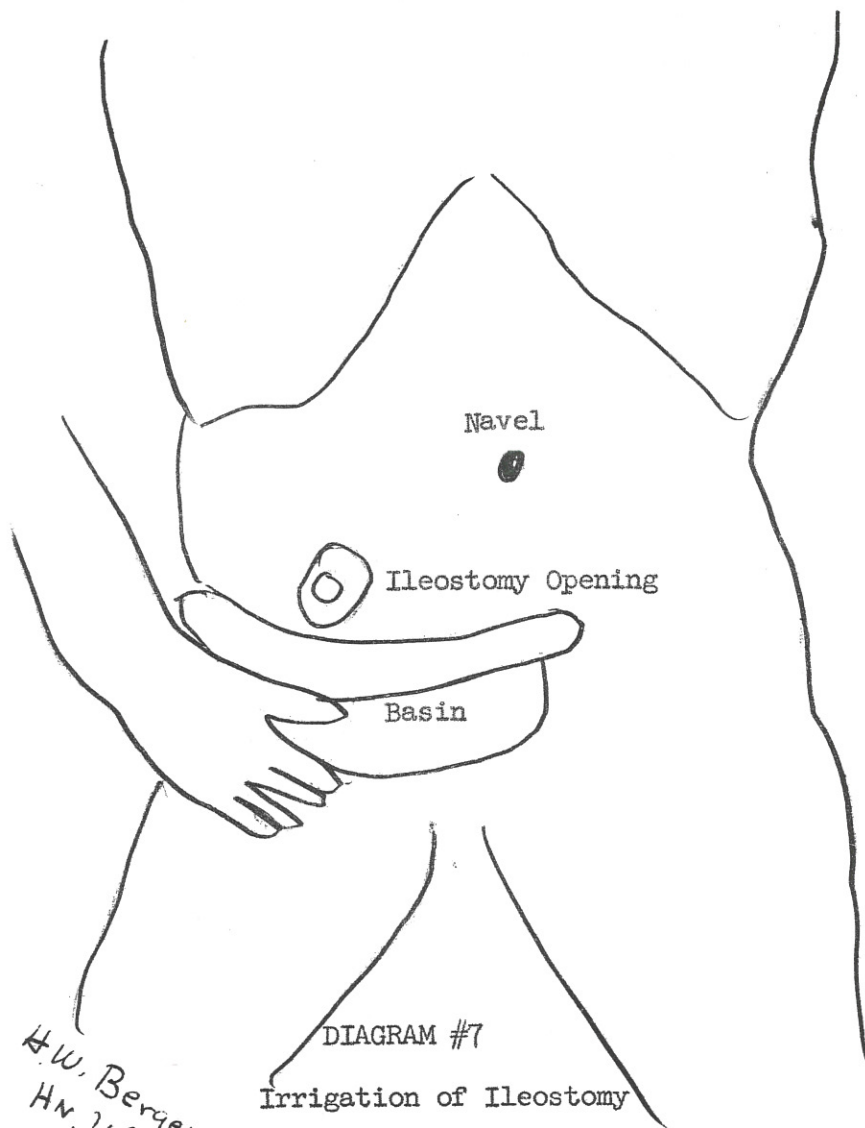
It takes approximately 3 to 5 weeks for the ileostomy stoma to evert and shrink to normal size. As a rule a temporary appliance in the form of a polyethylene plastic bag will be used to collect the fecal drainage and to protect the skin. The liquid discharge will irritate unprotected skin to the point of making it red and raw. Such substances as aluminum paste and zinc oxide ointment, Karaya gum powder, silicon ointments and creams or skimmed milk powder made into a paste, amphogel plain or tincture of benzoin may be used to protect the skin and to help heal the inflamed skin surface. The important factors in good skin care are:

1. A proper fitting appliance to prevent leakage.
2. Finding the correct cement or adhesive for your use.
3. Keeping the skin dry at all times. Cement will not adhere to a moist skin.
4. Do not let the bag become too full of gas or feces.
5. Good nutrition.
6. Proper care of the appliance.

#### AT HOME

By the time you are ready for discharge from the hospital, you will have established





a routine of your own in the management of your diet and your ileostomy. The following suggestions are offered to help you in preventing or dealing with minor problems that might arise:

1. If you experience abdominal pain or a bloated feeling, it is probably due to poor diet habits and a partial blockage has occurred. To overcome this it may be necessary to dilate the opening by inserting a rubber covered finger that has been lubricated with vaseline into the stoma. Sometimes a warm tap water irrigation may help. Use a soft rubber catheter - well lubricated - inserted a couple inches into the stoma and gently irrigate with a bulb syringe. However, consult your doctor first before doing this. See Diagram #7.
2. Avoid tight belts or clothing that cause pressure on the stoma.
3. You may bathe with or without the bag but be sure the ileostomy is quiet when you bathe. Empty bag before bathing.
4. You may return to work, go to school, attend social functions or participate in such sports as bowling, skating, swimming and hiking, however, don't overdo any of them but do stay active. Avoid such contact sports as judo or wrestling.
5. If you plan to travel, take plenty of supplies with you to provide adequate care for your ileostomy. Make an itemized list of the things you use every day and then prepare a travel kit with all the things you will need. You can ride in any kind of vehicle on land, sea or air.



6. Normal sexual relations can be resumed. An ileostomy need not interfere with your family planning.
7. If you have any doubts about your activities or foods, consult your doctor.

#### GENERAL HINTS

##### Odors:

1. Clorax eliminates odors and bleaches out stains. Fill an equal amount of bleach and tepid water about half full and soak appliance overnight. Rinse well and hang to dry.
2. Baking soda helps to eliminate odor by overnight soaking.
3. Scrub inside of appliance with dial soap using an old toothbrush or any good stiff brush.
4. Vinegar in the last rinse will also help prevent odors.
5. Rubbing alcohol may be used in the last rinse or place a saturated wad of cotton inside the appliance.
6. Talcum powder sprinkled generously will help eliminate odors and preserve the life of the appliance.
7. Commercial odor tablets, 1 or 2 may be used in appliance. Follow directions on package.

##### Itching:

1. Itching around stoma can be eliminated if you flush bag with solution of 5 parts of water to 1 part vinegar.
2. Rinse soap off the skin well. Soap film on skin will cause irritation and interfere with sticking of cement.

In conclusion there is one big point that cannot be overstressed. With patience and determination you can lead a normal, healthy, active life and no one need ever know that you have an ileostomy but you must maintain a healthy attitude toward your new way of life. Never be ashamed of your ileostomy - look upon it as a blessing not a curse.

You may find it worth your while to join an Ileostomy-Colostomy Organization which is made up of members who have one or the other. In Philadelphia there is the CIRA--Colostomy-Ileostomy Rehabilitation Association located at P.O. Box 121, Phila., Pa. 19105. You may write to them for more information. In some cities these organizations call themselves the QT Club. Ask your doctor for more information on local clubs. These organizations are very helpful in getting new patients adjusted to their colostomy or ileostomy, they conduct interesting and informative meetings and publish a monthly journal for their members. They provide whatever assistance a new member needs. A directory of ileostomy organizations can be requested from the Ileostomy Quarterly, 10 Arlington Street, Boston, 16, Massachusetts.

